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STATE OF WASHINGTON

APPLICATION FOR CHANGE/TRANSFER OF ECOLOGY - CENTRAL REGIONAL OFFICE

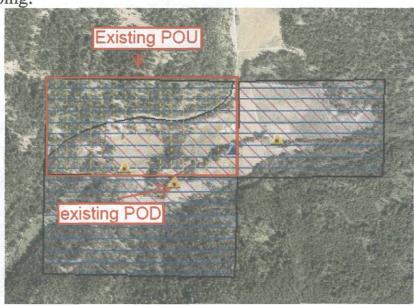
OF WATER RIGHT

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.) X Change purpose(s) of use Add purpose(s) of use Change point(s) of diversion/withdrawal X Add point(s) of diversion/withdrawal X Change/transfer place of use Other (i.e. consolidation, intertie, trust water) Explain:	FOR OFFICE CHANGE No. Chell Ou-03-11 DATE ACCEPTED 5 FEE \$ 1000 REC' CHECK No. 1523 ECY Coding: 001-002-WR1	12.11 BY 90 05.12.11 65-13-2011
	SEPA: DExempt D	Not exempt
	incorrectT	
IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL S Best Contac		TYPE CLEARLY)
1. Applicant Information:		
APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Shepard's Staff c/o Mark Moder	509) 743 3161	()
ADDRESS		
P.O.Box 486		
CITY	STATE	ZIP CODE
Burlington	WA	98233
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Mark Peterson	(509) 264 - 1882	()
ADDRESS		
1227 First Street		
CITY	STATE	ZIP CODE
Wenatchee	WA	98801
2. Water Right Information:		
	ED NAME(S) Grace Enterprises of	lba Alpine Boys Ranch
DO YOU OWN THE RIGHT TO BE CHANGED? X YES		
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEA		
Please attach copies of any documentation that demonstrate was established. Also, if you have a water system plan or complication		

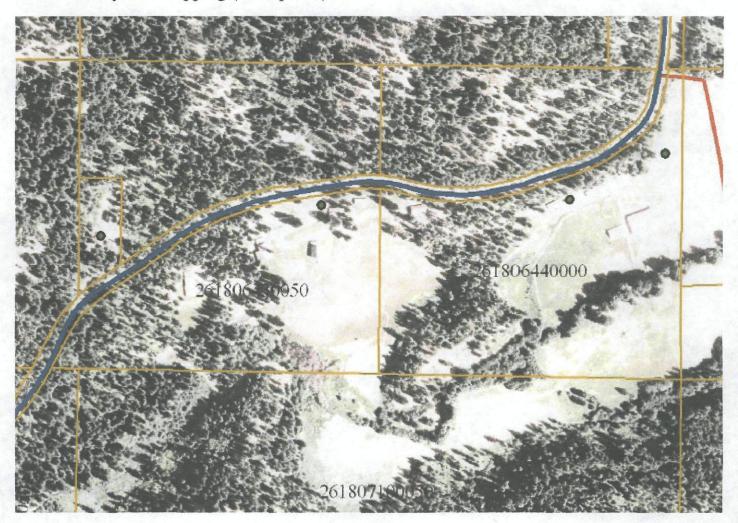
DOE Explorer mapping:



34-27880CWRB ECY 040-1-97 (Rev. 7/05) CHEC-11-04

C54-27880C

Chelan County GIS mapping (2006 photo):



July 2006 photo from Google Earth:



3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Unnamed Spring		NE	NE	7	26N	18E	261807100050	

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Unnamed Spring		NE	NE	7	26N	18E	261807100050	
wells		S1/2	SE	6	26N	18E	261806440000	
							261806430050	

EXISTING: X YES I NO PROPOSED: X YES I NO-IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Community Domestic supply of a 12 unit ranch facility	.04 cfs	12	Continuous

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Community Domestic supply	.04 cfs	12	Continuous

5. Place of Use:

A. Existing

		LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:					
51/2SE1/4	of Sec	tion 6, T2	26N., R. 1	8 E.W.M., C	Chelan County, Washi	ngton	
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES

B. Proposed

			LEGAL DES	CRIPTION OF I	LANDS WHERE NEW USE IS	PROPOSED:	
S1/2SE	1/4 of Sec	ction 6, T2	26N., R. 1	8 E.W.M.,	Chelan County, Washi	ngton	
1/4	. 1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
	<u></u>	<u> </u>					40.1111
					FUSE? YES X NO-		The state of the s
					kisting and proposed p	laces of use except p	arcel #
261806	430100 o	wned by k	Cris A. No	orby.			

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? X YES DOWN NO-IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): Claim #164931 provides 70 acres of irrigation authority in a larger place of use that includes the subject right place of use entirely. The subject right is additive in all respects to this Claim as it supplies water for domestic uses and irrigation in addition to the agricultural irrigation supported by the Claim.

6. Remarks and Other Relevant Information:

This change proposes to lift the 12 unit restriction on the right. The original authorization allowed for substantial domestic irrigation around the ranch buildings. The water use report of potable uses of the water shows that the proposed future development can be accommodated within the scope of the subject right at the expense of some of the domestic irrigation authorized and still remain within all other attributes of the right and not increase consumptive uses under the right or decrease return flows. The POD is located 850 feet west and 50 feet south of the NE Corner of said section 7 as set forth on the

I certify that the information above is true and accurate to the best of my knowledge. I understand that order to process my application, I am hereby granting staff from the Department of Ecology or the Cour. Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information with me. Solve III Authorized Representative of Shepherd's Staff (Applicant) (Date)
The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Signatures: I certify that the information above is true and accurate to the best of my knowledge. I understand that order to process my application, I am hereby granting staff from the Department of Ecology or the Cou. Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the informarests with me. Solve III Authorized Representative of Shepherd's Staff (Applicant) OSIOSIII Authorized Representative of Shepherd's Staff (Water Right Holder) OSIOSIII (Date)
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Knid. Waly 05,109,111
Kris A. Norby (Land Owner(s) of Existing Place of Use) (Date)
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IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.
WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):
☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
□ ADDITIONAL SIGNATURES REQUIRED □ SECTION IS INCOMPLETE
OTHER/EXPLANATION:
STAFF: DATE:/